

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or D sign Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name NAGUI MANKARUSE					
Address P.O. Box 1215					
City SUNSET BEACH		State CA		ZIP 90742	
Country USA		Telephone (714) 840-9673		Fax (714) 846-5012	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) NAGUI				Family Name or Surname MANKARUSE	
Inventor's Signature Nagui Mankaruse				Date 08/25/03	
Residence: City HUNTINGTON BEACH		State CA		Country USA	
Citizenship USA					
Mailing Address P.O. Box 1215					
City SUNSET BEACH		State CA		ZIP 90742	
Country USA					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) MAGDA				Family Name or Surname MANKARUSE	
Inventor's Signature Magda Mankaruse				Date 08-25-03	
Residence: City HUNTINGTON BEACH		State CA		Country USA	
Citizenship USA					
Mailing Address P.O. Box 1215					
City SUNSET BEACH		State CA		ZIP 90742	
Country USA					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					